

2020 Clean Diesel Rebate Program Request for Reimbursement: Irrigation Engine

Rebate R	Recipient: .															
Recipien	t Address:															
Stre			eet				City			State			Zip			
Email address:			Phone Number:													
SECTIO	N 1. NEW	мотоі	R & INS	STAL	LATION ((recipie	ent mu	ust take	e de	elivery and ins	tall pr	ior to su	bmitti	ng this	form)	
Electric	ufacture	ırer:				Ele			ectric Motor Model:							
Motor Model Year:			Serial Numb			er:					Horsepower					
Equipme	hip Nar	me:														
Street Address:																
City:							S	State:			Z	ip Cod	е:			
Contact	Name:															
Phone Number:							il:									
Motor Cost:			Other Equ &Installati						Total			al Cost	Cost:			
SECTIO	N 2. ELEC	TRICA	L PANI	EL &	WIRING '	то мо	отог	R (if w	ork	k done by di	ffere	nt ven	dor t	han al	oove)	
Installer																
Street A	ddress:															
City:								:				Zip Code:				
Contact	Name:					•		•								
Phone Number:							mail:									
	ost of other electrical equipment, wiring, and labor:															
SECTIO	N 3. ELEC	TRIC U	JTILITY	cos	STS											
Electric	Service Pro	vider:														
Distance Service Line Extended:						Cost per l		Foot:				Total:				
Equipment Cost:				1				Total	Total Cost from Utility:							
Amount of Electric Service Provider Incentive:)					Net Service Extension Cost:								

SECTION 4. TOTAL PROJECT COST AND REBATE REQUESTED									
Total Project Cost (equipment, installation, and service extension):									
Rebate Amount Requested: (60% of Total Project Cost, maximum \$20,000)									
SECTION 5. PAYMENT INFORMATION REQUIRED									
The following proof of payment items must be attached to this form:									
 Copies of all purchase orders Copies of all paid invoices for equipment purchase, installation, and service line extension Copies of proof of payment (e.g. cancelled check front and back, credit card payment receipt, or bank statement showing check was cashed) Photos of the wellsite, new motor, and motor serial number plate (if applicable) 									
SECTION 6. SCRAPPAGE REQUIREMENTS									
The diesel engine being replaced must be scrapped or rendered permanently disabled within 90 days of replacement and prior to the submission of this reimbursement request to NDEE by: Cutting, drilling, or punching a 3" by 3" hole completely through the wall of the engine block. Proof of Scrappage:									
Proof of scrappage must be provided with this form. The following documentation is required:									
 U.S. EPA Diesel Emission Reduction Program Certificate of Engine/Chassis Destruction form signed by the party responsible for scrapping the engine and by the rebate recipient, and including: The name and address of the dismantler Identification of the old engine including model year, and engine serial number The dates the engine was accepted and scrapped by the dismantler. 									
☐ Photographs of the following:									
 The engine labels that include: a. Engine serial number b. EPA Engine Family identifier Engine block, prior to hole being cut Engine block, after hole has been cut Other photos as needed 									
Scrappage may be completed by the rebate recipient or by a salvage yard, or similar service, provided all scrappage requirements have been met and all necessary documentation is provided. The rebate recipient is responsible for ensuring that the required scrappage photographs are acquired and submitted. Equipment and components that are not part of the engine may be salvaged from the unit being replaced. If scrapped or salvaged parts are to be sold, the resulting income may be retained by the rebate recipient but must be reported to NDEE as program income.									
Salvage Income: \$									

2 NDEE 2021-05-21



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Date Signed

I hereby certify that the expenses requested for reimbursement are in accordance with the project agreement and that complete and accurate records are being kept to substantiate such expenses. I further acknowledge that an inspection by NDEE, verifying the equipment was purchased in accordance with the project agreement, may be required before reimbursement is approved. Print Name of Authorized Representative Title of Authorized Representative

Submit the original signed Request for Reimbursement form and a copy of all supporting documentation to:

Nebraska Clean Diesel Rebate Program
Nebraska Department of Environment and Energy
P.O. Box 98922
Lincoln NE 68509-8922
NDEE.AirQuality@nebraska.gov

Signature of Authorized Representative

Questions? Please call (402) 471-4272 or email us at NDEE.AirQuality@nebraska.gov